

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: December 13, 2001
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: METHODS, SYSTEMS, AND KITS FOR LUNG
VOLUME REDUCTION
Attorney Docket Number:: 017534-000730US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 16
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RODNEY
Middle Name:: A.
Family Name:: PERKINS
Name Suffix::
City of Residence:: Woodside
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 235 Mountain Wood Lane
City of Mailing Address:: Woodside
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: PETER
Middle Name:: P.
Family Name:: SOLTESZ
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 4975 Miramar Avenue
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 95129

10017066 121301

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ROBERT
Middle Name::
Family Name:: KOTMEL
Name Suffix::
City of Residence:: Burlingame
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 116 Bloomfield Road
City of Mailing Address:: Burlingame
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94010

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/606,320	06/28/00
	Continuation-in-part of	09/347,032	07/02/99

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name:: PULMONX
Street of mailing address:: 1049 Elwell Court
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94303

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